

County: Oneida
TAYLOR PARK HEALTH CARE & REHAB CENTER

Facility ID: 8880

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PO BOX 857

RHINELANDER 54501 Phone: (715) 365-6660

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 100

Total Licensed Bed Capacity (12/31/00): 100

Number of Residents on 12/31/00: 92

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Corporation

Skilled

No

Yes

91

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	35.9
Supp. Home Care-Personal Care	No					1 - 4 Years	38.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.3	More Than 4 Years	26.1
Day Services	No	Mental Illness (Org./Psy)	40.2	65 - 74	7.6		
Respite Care	No	Mental Illness (Other)	9.8	75 - 84	38.0		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	39.1	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	8.7		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	12.0	65 & Over	96.7		
Transportation	No	Cerebrovascular	6.5			RNs	16.8
Referral Service	No	Diabetes	1.1	Sex	%	LPNs	0.0
Other Services	No	Respiratory	4.3			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	17.4	Male	22.8	Aides & Orderlies	
Mentally Ill	No			Female	77.2		33.2
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate		Total No.
Int. Skilled Care	0	0.0	\$0.00	1	1.8	\$122.53	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1.1%
Skilled Care	17	100.0	\$229.49	49	86.0	\$105.74	0	0.0	\$0.00	17	94.4	\$149.00	0	0.0	\$0.00	83	90.2%
Intermediate	---	---	---	7	12.3	\$88.95	0	0.0	\$0.00	1	5.6	\$149.00	0	0.0	\$0.00	8	8.7%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	17	100.0		57	100.0		0	0.0		18	100.0		0	0.0		92	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	4.1	Bathing	4.3	43.5	52.2	92
Private Home/With Home Health	5.9	Dressing	17.4	60.9	21.7	92
Other Nursing Homes	0.0	Transferring	30.4	54.3	15.2	92
Acute Care Hospitals	88.2	Toilet Use	21.7	59.8	18.5	92
Psych. Hosp. -MR/DD Facilities	0.6	Eating	59.8	17.4	22.8	92
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.2	Continence		%	Special Treatments	%
Total Number of Admissions	169	Indwelling Or External Catheter	5.4		Receiving Respiratory Care	4.3
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	40.2		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	25.6	Occ/Freq. Incontinent of Bowel	35.9		Receiving Suctioning	0.0
Private Home/With Home Health	14.5	Mobility			Receiving Ostomy Care	1.1
Other Nursing Homes	5.2	Physically Restrained	4.3		Receiving Tube Feeding	1.1
Acute Care Hospitals	24.4	Skin Care			Receiving Mechanically Altered Diets	10.9
Psych. Hosp. -MR/DD Facilities	0.0	With Pressure Sores	3.3		Other Resident Characteristics	
Rehabilitation Hospitals	0.6	With Rashes	2.2		Have Advance Directives	96.7
Other Locations	4.7				Medications	
Deaths	25.0				Receiving Psychoactive Drugs	50.0
Total Number of Discharges (Including Deaths)	172				*****	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility		Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	Peer Group Ratio	%	Peer Group Ratio	%	Peer Group Ratio	%	Peer Group Ratio	%	Peer Group Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.0	80.4	1.13	82.6	1.10	84.1	1.08	84.5	1.08	
Current Residents from In-County	80.4	74.2	1.08	79.7	1.01	76.2	1.06	77.5	1.04	
Admissions from In-County, Still Residing	14.2	19.0	0.75	22.3	0.64	22.2	0.64	21.5	0.66	
Admissions/Average Daily Census	185.7	135.3	1.37	126.4	1.47	112.3	1.65	124.3	1.49	
Discharges/Average Daily Census	189.0	137.7	1.37	127.9	1.48	112.8	1.68	126.1	1.50	
Discharges To Private Residence/Average Daily Census	75.8	57.0	1.33	52.7	1.44	44.1	1.72	49.9	1.52	
Residents Receiving Skilled Care	91.3	89.4	1.02	89.2	1.02	89.6	1.02	83.3	1.10	
Residents Aged 65 and Older	96.7	95.9	1.01	95.1	1.02	94.3	1.03	87.7	1.10	
Title 19 (Medicaid) Funded Residents	62.0	71.6	0.87	70.7	0.88	70.1	0.88	69.0	0.90	
Private Pay Funded Residents	19.6	19.0	1.03	19.5	1.01	21.4	0.92	22.6	0.87	
Developmentally Disabled Residents	0.0	1.2	0.00	0.9	0.00	0.9	0.00	7.6	0.00	
Mentally Ill Residents	50.0	35.9	1.39	36.3	1.38	39.6	1.26	33.3	1.50	
General Medical Service Residents	17.4	18.2	0.95	19.1	0.91	17.0	1.02	18.4	0.94	
Impaired ADL (Mean)	49.8	47.3	1.05	48.4	1.03	48.2	1.03	49.4	1.01	
Psychological Problems	50.0	45.0	1.11	49.3	1.01	50.8	0.98	50.1	1.00	
Nursing Care Required (Mean)	2.9	6.7	0.42	6.5	0.44	6.7	0.42	7.2	0.40	